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CONFIRMATION NO. 3238

<b>SERIAL NUMBER</b> 09/695,748	<b>FILING OR 371(c) DATE</b> 10/24/2000 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 66060-6
<b>APPLICANTS</b> George W Keilman, Woodinville, WA; George E Cimochoowski, Dallas, PA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/028,154 02/23/1998 PAT 6,231,516				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/21/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 22504				
<b>TITLE</b> ENDOLUMINAL IMPLANT WITH THERAPEUTIC AND DIAGNOSTIC CAPABILITY				
<b>FILING FEE RECEIVED</b> 1480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	